CHAPTER 4. FEDERAL SUPPLY CLASS 6505 MATERIEL

4-1. ARMY NATIONAL GUARD POLICY ON THE MANAGEMENT OF PHARMACEUTICALS IN MEDICAL ELEMENTS

a. This guidance is intended to supplement *AR 40-61* and *SB 8-75-11*, as they apply to the Army National Guard.

b. This guidance establishes policy and responsibilities relative to the management of Federal Supply Class (FSC) 6505 materiel (pharmaceuticals) in the ARNG. It is applicable to all ARNG units/elements and ARNG PESs. It restricts authority to issue pharmaceuticals to the USPFO and other units and agencies operating as SSAs. Class VIII expendables are funded through OPTEMPO funds to include Aviation Life Support Equipment (ALSE). Civil Support Teams (CST) and CBRNE Enhanced Response Force Package (CERFP) are authorized a base formulary by USAMEDCOM and NGB Surgeon and any additional formulary items may be added and approved by the respective State Surgeon. Additionally, CST and CERFP are authorized Medical, Chemical, Biological, Radiological, and Nuclear Defense Materiel (MCDM) that will be included with their approved formulary.

4-2. STOCKAGE LISTS

a. USPFOs may provide IMSA-type support to ARNG units. USPFOs and ARNG TOE units assigned a medical supply support mission will operate IAW *AR 40-61*.

b. Contracts with PVs have reduced the requirement to stock large quantities of FSC 6505 items. This reduction has resulted in large cost savings because items no longer sit on warehouse shelves waiting to expire. Prime Vendor service is contracted to provide the item(s) within 7-10 days, and is available throughout the United States and many parts of the world.

c. States may utilize several options with respect to the PV system; refer to para 1-9 of this publication for guidance.

4-3. ARNG UNITS ASSIGNED A PATIENT-CARE MISSION

a. ARNG units assigned a mission of providing patient care to military personnel, authorized such care by *AR 40-3*, may requisition and use controlled, shelf life refrigerated materiel. During use, units will control and account for items IAW, *AR 40-61*, Chapter 3.

b. Authorized pharmaceuticals will be listed on a formulary signed by the State Surgeon. NGB Surgeon is the approving authority for base formulary of the CST and CERFP. The State Surgeon will countersign the CST and CERFP formulary annually.

4-4. FORMULARIES

a. A formulary is defined as a list of pharmaceuticals authorized for stockage by a medical element. The only units authorized to stock FSC 6505 materiel are those with formularies approved by the State Surgeon.

b. All medical units and medical elements of operational units will have an individual formulary. The State formulary is a master list of all FSC 6505 items on all individual unit formularies. ARNG CST and CERFP are authorized to stock FSC 6505 year round. **ALL** controlled MCDM is to be authorized by Office of the Surgeon General (OTSG) Operations Division. These MBCDM items are only available through army medical depots.

c. Format:

(1) To be valid, a formulary must list the unit to which it applies, identify and state the level of provider (physician or physician's assistant, etc.) who must be present to disperse each pharmaceutical not authorized for dispensing by a medical health care specialist. **The formulary must be dated and signed by the State Surgeon (signature authority cannot be delegated). The State Surgeon will provide to the USPFO, in writing, the highest level health-care provider assigned to the unit**. This enables the USPFO to approve requisitions for items that regulations and laws allow to be dispensed by the personnel assigned to the unit. With the exception of the items listed in paragraph f. (2) below, ARNG units will **not** stock FSC 6505 item, unless authorized on the unit's validated formulary. See below for an example of formulary format.

(2) Each item listed on the formulary will be described with its NSN/MCN (Management Control Number)/NDC (National Drug Codes), for Prime Vendor items where an NSN is not available), nomenclature, size of unit pack or strength (i.e., 50s, 10mg/ml).

(3) Controlled substances authorized by formulary will show R or Q in the NOTES column as listed by Controlled Inventory Item Code (CIIC) field in the Management Data Section of the *DoD Medical Catalog* (MEDCAT) or *Universal Data Repository* (UDR) *Medical Catalog*. UDR Medical Catalog is available on the web at https://www.dlis.dla.mil/udr/frmLogon.aspx. Both publications are on CD-ROM format.

(4) The State Surgeon will sign and date each formulary.

d. Review:

(1) All formularies will be reviewed annually by the State Surgeon to include CST and CERFP. A new signature and date by the State Surgeon is the evidence of an annual review. This review should take place with enough time before the AT cycle to allow units/elements and the USPFO to make the required adjustments. The exception is the CST and CERFP are authorized to stock FSC 6505 items to include controlled substances all year based on the base formulary.

(2) Additional FSC 6505 may be added upon approval of the respective State Surgeon and should be funded with state's Indirect OPTEMPO funds. Items

required infrequently, other than those that could be required for emergency treatment to preserve life, limb or eye sight, should be omitted from the formularies. When these items are required, they should be procured by individual prescription from military medical facilities or civilian pharmacies. Formularies are considered valid for one year. Please see Table 4-1 for the formulary example.

TABLE 4-1. EXAMPLE OF FORMULARY

Nomenclature	NSN	Provider	Note	Cost	Qty
ACETAMINOPHEN 325mg Tablets, 50's	6505-01-017-1625	91W		$0.76	6 BTL
ACYCLOVIR OINTMENT 5% 15 gm	6505-01-137-8451	PA		$51.69	2 EA
ALBUTEROL INHALATION AEROSOL 17GM	6505-01-116-9245	PA		$13.00	3 EA
ALUMINUM ACETATE/ACETIC ACID OTIC SOL 2% 60 ML	6505-00-104-8061	91W		$15.76	3 BTL
ALUMINUM GEL MAGNESIUM TRISILICATE TABS 100's	6505-00-148-4631	91W		$2.73	2 BTL
ALUMINUM HYDROX GEL, MAGNESIUM, SIMETH 5oz, 48's	6505-00-080-0975	91W		$6.32	1 CS
AMOXICILLIN CAPS 250 MG 100's	6505-01-010-7953	PA		$2.00	12 BTL
ANTIDOTE TREATMENT KIT CYANIDE (Treats 3 patients)	6505-01-457-8901	91W	AAC-A	$549.45	2 PG
ANTIDOTE TREATMENT KIT NERVE AGENT	6505-01-174-9919	91W	AAC-A	$16.87	75 EA
ANTIDOTE TREATMENT NERVE AGENT AUTOINJECTOR	6505-01-362-7427	91W	AAC-A	$11.88	75 EA
ANTIPYRINE/BENZOCAINE OTIC Sol, 10ml	6505-00-598-5830	91W		$1.14	3 BTL
ASPIRIN TABLETS USP 0.324GM 100S	6505-00-100-9985	91W		$1.50	6 BTL
ATROPINE AUTO INJ 2mg	6505-00-926-9083	91W	AAC-A	$5.28	75 EA
BACITRACIN OINT .87gms, 144's	6505-01-177-0589	91W		$5.45	1 PG
BECLOMETHASONE INHAL 17 GM	6505-01-238-5635	PA		$5.00	3 EA
BISACODYL TABLETS 5MG, 100's	6505-00-118-2759	PA		$1.79	1 PG
CALAMINE LOTION 4oz	6505-00-687-4535	91W		$1.10	6 BTL
CEFTRIAXONE SODIUM STERILE USP 500MG VIAL 10 VIAL	6505-01-221-0311	PA		$120.90	1 PG
CEPHALEXIN CAPSULES 250MG, 100's	6505-00-165-6545	PA		$5.69	12 BTL
CETYLPYRIDINIUM CHLORIDE/BENZOCAINE LOZENGES 648's	6505-01-421-3787	91W		$55.41	1 PG
CHARCOAL ACTIVATED USP POWDER 15GM	6505-00-135-2031	91W		$4.21	3 BTL
CIPROFLOXACIN TABLETS 500MG TABLETS UD 100's	6505-01-273-8650	PA		$153.50	4 PG
CODEINE PHOSPHATE 30mg/ ACETAMINOPHEN 325mg, Tabs 100's	6505-00-400-2054	PA	Q	$4.00	2 BTL
DIAZEPAM INJECTION 5MG/ML 2ML AUTO-INJECTOR	6505-01-274-0951	91W	Q, AAC-A	$9.42	25 EA
DIAZEPAM TABLETS, 5mg 100's	6505-01-098-5802	PA	Q	$2.50	1 BTL

(continued) TABLE 4-1. EXAMPLE OF FORMULARY

Nomenclature	NSN	Provider	Note	Cost	Qty
DIBUCAINE OINTMENT USP 1% 1OZ TUBE WITH RECTAL AL	6505-00-299-9535	91W		$0.90	6 TU
DICYCLOMINE HCL 10 mg CAPS 100'S	6505-01-145-8827	PA		$9.21	1 BTL
DIMERCAPROL 100 mg/ml 3ml amp 10's	6505-01-051-4831	91W		$331.87	2 PG
DIPHENHYDRAMINE HCL 25 mg Caps 100's	6505-01-153-3272	91W		$1.61	1 BTL
DIPHENHYDRAMINE HCL 50 mg/ml needle/syringe unit 10's	6505-00-148-7177	91W		$6.95	2 PG
DOCUSATE SODIUM 100mg Caps, 100's	6505-00-163-7656	91W		$2.12	1 BTL
DOXYCYCLINE 1 00 mg caps, UD, 100's	6505-00-009-5060	PA		$6.38	4 PG
ERYTHROMYCIN TABS 250 MG 100'S	6505-00-604-1223	PA		$3.83	12 BTL
FLUORESCEIN NA OPTH STRIPS 1 MG 300'S	6505-01-159-1493	91W		$125.24	1 PG
GUAIFENESIN /DEXTRAMETHORAPHAN COUGH SYRUP 4 oz	6505-01-318-1565	91W		$1.00	12 BTL
GUAIFENESIN EXTENDED RELEASE TABLETS 600MG 100's	6505-01-238-9443	91W		$3.89	3 BTL
HEMORRHOIDAL ADULT SUPPOSITORIES, 24'S	6505-01-350-8165	91W		$3.17	1 PG
RANITIDINE 150MG	6505-01-317-2031	PA		$121.36	1 BTL

e. Post Annual Training Report of Usage:

Within 60 days of AT all medical units/elements will report the quantity of items used during their AT cycle. This allows the State Surgeon to compare projection versus actual usage and adjust authorized quantities on the formulary. This report is to be made by annotating the quantity used on the formulary.

f. Changes to the Formulary:

(1) Items are added/deleted and quantities are changed by authorization of the State Surgeon. Units will petition the State Surgeon by memorandum recommending the change(s) and stating the justification. After approval, the formulary will be adjusted by the State Surgeon and distributed as described in para 4-4h.

(2) The State Surgeon processes formulary requests based on the guidance given below. Items <u>not</u> requiring documentation on formularies are:

(a) Ammonia Inhalant Solution, Aromatic
(b) Aspirin, USP
(c) Acetaminophen, USP
(d) Ibuprofen (100 and 200mg doses only)
(e) Calamine Lotion, Phenolated
(f) Chigger Repellent and Antipyretic Lotion
(g) Isopropyl Alcohol, USP
(h) Lubricant, Surgical
(i) Mineral Oil, Light, USP
(j) Petrolatum, White, USP
(k) Povidone - Iodine Topical Solution, USP
(l) Sunscreen Preparation
(m) Talc, USP
(n) Undecylenic Acid and Zinc Undecylenate Powder

g. Table of Organization & Equipment (TOE) unit formularies should not authorize pharmaceuticals, which are components of the unit's TOE sets. This restriction is not intended to limit units those items found in TOE sets if other items are needed to provide anticipated patient care. Units should not routinely order or maintain MTOE FSC 6505 items associated with unit assemblages.

h. Distribution:

Upon approval of the formulary, the State Surgeon will retain one copy, one copy provided to the unit, and one copy furnished to the stock control branch of the USPFO.

i. Formularies in combination with CTA 8-100 *(Army Medical Department Expendable/Durable Items)* constitute FSC 6505 requisitioning authority for ARNG medical elements. CTA 8-100 is available on the US Forces Management Agency (USAFMA) at https://webtaads.belvoir.army.mil/usafmsa/.

j. Vaccines (as required by AR 40-562, *Immunizations and Chemoprophylaxis*) are <u>not</u> required to be listed on formularies. The issue of vaccines will be approved by USPFO in conformance with written guidance from the State Surgeon. Only those units with personnel trained and authorized to administer immunizations will be issued vaccines and supplies. Routine immunizations are funded by ARNG Medical Readiness dollars (MDEP NG6H). The following are the routine vaccines:

(1) Tetanus and Diphtheria
(2) Influenza
(3) Hepatitis A
(4) Measles, Mumps and Rubella (MMR, MR, MRV)
(5) Polio
(6) Tuberculosis PPD Skin test – Required for health care workers and specific deployments
(7) Varicella Immunity Status – Required for health care workers
(8) Hepatitis B – Required for health care workers and MOS/AOC determined to be at risk

k. All immunizations required beyond the routine immunizations, should be paid using either CONOPS (Contingency Operations) funds or monies provided by CINC (Commander in Chief) in the theater of operation, i.e., SOUTHCOM.

l. Army Annual Influenza Virus Vaccine Program

(1) The USAMMA is the Inventory Control Point for the Army for the Influenza Virus Vaccine, which is an Acquisition Advice Code (AAC), A item. Defense Supply Center, Philadelphia (DSCP) contracts with vaccine manufacturers, acquires the flu vaccine, and distributes it to activities based on the priorities submitted on requests by the USAMMA. The USAMMA collects the requirements and tracks all requisitions until they are filled.

(2) NSNs change yearly for the flu vaccine. It is essential that the current's year's NSNs be used in the requesting process. NSNs requisitioned must coincide with NSNs previously submitted for the requirements. If a change is required, notify the USAMMA Influenza/Vaccine Manager (MCMR-MMO-SO) at DSN 343-3242 / 301-619-3242, or email **usammafluvaccine@amedd.army.mil** for assistance. The requisitions should be ordered via the USAMMA website and the unit/state is responsible for the funding.

m. Within 30 days following the conclusion of the immunization cycle, unused vaccines not authorized by formulary that are:

(1) Unit-of-issue quantities will be turned in to the USPFO.

(2) Other-than-unit-of-issue quantities, will be destroyed IAW the guidance in the current AR 40-61 and the MIDI, or turned in to the USPFO for destruction.

n. USPFO and other SSAs will process requisitions for FSC 6505 items only if they are listed on valid formularies. Units drawing FSC 6505 materiel from SSAs other than USPFO must present a copy of their formulary, approved by the State Surgeon, to that SSA.

o. Requirements for non-formulary FSC 6505 items may be processed as follows:

(1) Request an addition to the formulary.

(2) Write a prescription to be filled at a TMC, military hospital, or local civilian pharmacy. (Health care personnel must ensure that the USPFO-approved funding arrangement exists prior to obtaining pharmaceuticals from a civilian pharmacy.)

4-5. ACCOUNTING FOR PHARMACEUTICALS

a. Unit-of-issue quantities may be accounted for on DA Form 3862 *(Controlled Substances Stock Record)* or DA Form 1296 *(Stock Accounting Record)or current electronic equivalent* at the option of the Unit/Activity. Generally, Units with only small quantities of pharmaceuticals on hand will find it simpler to account for both unit-of-issue and less-than-unit-of-issue quantities on the same DA Form 3862. Local computer generated forms that include the pertinent information are acceptable when DA Form1296 or TAMMIS / TCAM is unavailable

b. Less-than-unit-of-issue quantities will be accounted for as follows:
(1) Topical preparations and IV solutions - no requirement.
(2) Controlled substances - DA Form 3862.
(3) Legend pharmaceuticals, less topical preparations and IV solutions - DA Form 3862.
(4) Non-legend pharmaceuticals - no requirement unless specified in the formulary.

c. Prescriptions (DD Form 1289, DoD Prescription):
(1) Required for all controlled substances and legend drugs.
(2) Retained and disposed of by the unit or facility filling them.
(3) Retention period - 5 years, (*AR 25-400-2*, The Army Recordkeeping (ARMS)
(4) Subject to inspection.

d. Inventories of FSC 6505 materiel will be conducted:

(1) During the last three days of the Annual Training (AT) period, the medical activity Commander will appoint a disinterested officer to perform the duty of inventories. If officer personnel are not available, a senior Noncommissioned Officer (E7 or above) may be appointed as Inventory Officer. The Appointed Duty Officer will:

(a) Compare the document register with DA Form 3862 and 1296, to ensure receipts have been posted to DA Forms 3862 and 1296.
(b) Inventory pharmaceuticals listed on DA Form 3862 and DA Form 1296, entering results on the forms.
(c) Reconcile prescriptions (DD Form 1289) with entries on the DA Form 3862.
(d) Comply with the provisions of appropriate regulations if discrepancies are noted:
[1] Minor shortages of FSC 6505 materiel, less Notes Q and R materiel will be investigated
[2] Shortages of Notes Q and R materiel and major shortages of other FSC 6505 will be investigated through conduct of an AR 15-6 investigation or initiation of a Report of Survey.

(2) Within 60 days following completion of AT:
(a) Forward to the State Surgeon a copy of the formulary annotated with the quantity of each item consumed during AT. Keep another copy; it will be valuable in deciding what to order for the following AT period.
(b) Forward to the State Surgeon fully justified requests for addition to or deletion from the formulary.

(3) 150-210 days prior to AT inventory:
(a) Reconcile DA Form 3862.
(b) Determine AT requirements and forward requirements/ requisitions to the source of supply, or as directed by higher headquarters.

(4) Management of controlled substances to include inventories will be conducted IAW *AR 40-61*.

(5) Stockage levels for AT support should be established, taking into consideration consumption during previous AT periods.

4-6. RETENTION OF FSC 6505 MATERIEL FOLLOWING ANNUAL TRAINING (AT)

a. All Note R and Q controlled substances (DEA Schedule II, III, IV and V) will be turned in within 30 days following conclusion of the AT period with the exception of the CST and CERFP. The CST and CERFP maintain these controlled drugs year-round.

b. Unit-of-issue quantities of all items, authorized for IDT use, unlikely to be consumed prior to expiration will be turned in (as directed by the USPFO) to the supporting IMSA within 30 days following the conclusion of AT.

c. It is recommended that unit-of-issue quantities of all FSC 6505 items unlikely to be used prior to the following AT period, be turned in (as directed by the USPFO) to the supporting IMSA.

4-7. QUALITY CONTROL MESSAGES

a. Potency-dated/quality control record will be maintained IAW *AR 40-61*.

b. USPFO will expeditiously distribute all Type I Medical Materiel Quality Control messages (DOD-MMQC) to all medical elements. Class VIII Commodity Managers are permitted to maintain an electronic MMQC message file whereas to document a MMQC distribution audit trail.

c. Activities/Units may obtain programs that are Army specific MMQC messages, DOD-MMQC messages or Shelf-Life Extension Program messages, by using the USAMMA's web site on the Internet. The web site address **http://www.usamma.army.mil.** Click on DOD Medical Materiel Quality Control Program and follow prompts.

d. Recall messages are classified as follows:

(1) CLASS I: A situation in which there is a reasonable probability that use of, or exposure to, a dangerous product will cause serious adverse health consequences or death.

(2) CLASS II: A situation in which the use of or exposure to a dangerous product may cause adverse health consequences.

(3) CLASS III: A situation in which the use of, or exposure to, a dangerous product is not likely to cause adverse health consequences.

4-8. DESTRUCTION OF DEFECTIVE OR EXPIRED MATERIEL

a. Unless an exception is granted by the USPFO, units will turn in (as directed by the USPFO) FSC 6505 materiel to be destroyed on DA Form 3161,

annotated (*Unserviceable For Destruction*). Exceptions may be granted to medical elements with the capability to properly destroy unserviceable FSC 6505 materiel.

b. USPFOs are encouraged to turn in unserviceable materiel to the supporting IMSA for destruction.

c. Proper destruction of unserviceable FSC 6505 requires the use of, among other references; different types of pharmaceuticals require different methods of destruction. Destruction must be documented IAW the provisions of *AR 40-61*, Chapter 4.